

The Springfield Greenon Youth Wrestling Open

Presented by OhioQuest Wrestling

Saturday, January 28, 2017

All place-winners (Rookie & Open) will score points for the State Rankings at www.ohiotournaments.com! This is an open tournament in which anyone may compete. However, there will also be a team race. The top three teams will be awarded team trophies, including a beautiful 60-inch trophy to the team champions! We will start on time and run quickly for all sessions.

Tournament Location: Greenon Middle School, 510 S. Xenia Dr., Enon, Ohio.

“ROOKIE” DIVISION TOURNAMENT (FIRST AND SECOND YEAR WRESTLERS)

AGE GROUP	WEIGHT CLASSES	WEIGH-INS	START TIME
Division I: 2010-Later	40,45,50,55,60,70,Hwt	7:30-9:00 a.m.	10:00 a.m.
Division II: 2008-2009	45,50,55,60,65,70,75,85,Hwt	7:30-9:00 a.m.	10:00 a.m.
Division III: 2006-2007	55,60,65,70,75,80,86,93,100,115,Hwt	7:30-9:00 a.m.	10:00 a.m.
Division IV: 2004-2005	65,70,75,80,85,92,100,110,120,130,140,Hwt	7:30-9:00 a.m.	10:00 a.m.

“OPEN” DIVISION TOURNAMENT (ALL WRESTLERS MAY COMPETE)

AGE GROUP	WEIGHT CLASSES	WEIGH-INS	START TIME
Division II: 2008-2009	45,50,55,60,65,70,75,85,Hwt	7:30- 12:00 p.m.	1:00 p.m.
Division III: 2006-2007	55,60,65,70,75,80,86,93,100,115,Hwt	7:30- 12:00 p.m.	1:00 p.m.
Division IV: 2004-2005	65,70,75,80,85,92,100,110,120,130,140, Hwt	7:30- 12:00 p.m.	1:00 p.m.
Middle School	80,86,92,98,104,110,116,122,128,134,142,150,160,172,205,245	7:30-9:00 a.m.	10:00 a.m.

Awards: Open Division, II, III, and IV- Top three place finishers receive trophies. Rookie Divisions: Top three placers receive medals. Middle School: Top three place finishers receive medals.

Team Awards: The top three teams will receive a team trophy, including a 60-inch trophy which will be awarded to the team champion! Team Pts. will be awarded to placers in the Rookie and Open Divisions.

Entry Fee: \$20, at the time of weigh-ins. No pre-registrations.

Rules: Modified Scholastic Rules will be used. Tournament Director reserves the right to combine weight classes upon need.

Concessions: Will be served all day, including a full breakfast.

Contact Information: Larry Kerr: 567-203-2955 Email: kerr7370@msn.com

In appreciation of your acceptance of my entry, I agree to be legally bound for myself, my heirs, executors, and administrators, waive and release the Greenon Wrestling Team, Greenon High School, officials, tournament directors, workers and all representatives from any and all claims of right to damages for any injury suffered by me directly or indirectly as a result of competing at this tournament.

WRESTLER'S NAME (PRINT LEGIBLY) _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

E-MAIL _____ **AGE GROUP** _____ **Club or School** _____

BIRTHDATE: _____ **Age Group Classification:** Wrestler's age day of tournament will determine his or her age group.

SIGNATURE OF ATHLETE _____ **DATE** _____

SIGNATURE OF PARENT _____ **DATE** _____

- Copy of entry form provided by www.ohiotournaments.com

